



PATENT

Dkt No. X11766B Atty TMT

RECEIVED BY THE UNITED STATES PATENT & TRADEMARK OFFICE:

Org     , CIP     , Div X, Con     , Prov     , PCT Nat'l     , CPA       
Application of: Skatrud, et al.  
Titled: Multiple Drug Resistance Gene atrD of  
Aspergillus Nidulans

Consisting of Fee Transmittal, Utility Patent Transmittal and:

Claims, Abstract, Specification ( 31 pages), Drawings ( 0 sheets)

Declaration and Power of Attorney X

National Phase Declaration     

Preliminary Amendment X

Stmt 821     ; Diskette     

Recordation/Assignment     

IDS/1449 X

Miscellaneous Papers:

Fee Transmittal

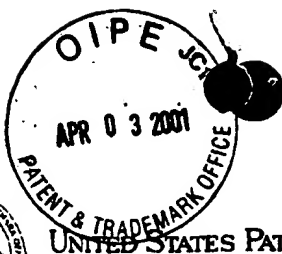
Utility Patent Application Transm

jc715 U.S. PTO

09/758828

01/11/01

Express Mail Label No. EL342554508US



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/758,828         | 01/11/2001          | Paul Luther Skatrud   | X-11766B               |

CONFIRMATION NO. 8530

FORMALITIES LETTER



\*OC000000005766245\*

Tina M. Tucker  
Eli Lilly and Company  
Lilly Corporate Center  
Patent Division DC: 1104  
Indianapolis, IN 46285

due 4-14-01

Date Mailed: 02/14/2001

RECEIVED  
PATENT DIVISION

## NOTICE OF OMITTED ITEM(S) IN A NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

A filing date has been accorded to the above-identified nonprovisional application papers; however, the following item(s) appear to have been omitted from the application:

- Page(s) 16-28 of the specification (description and claims).

I. Should applicant contend that the above-noted omitted item(s) was in fact deposited in the Patent and Trademark Office (PTO) with the nonprovisional application papers, a copy of this Notice and a petition (and \$130.00 petition fee (37 CFR 1.17(i))) with evidence of such deposit **must** be filed within **TWO MONTHS** of the date of this Notice. The petition fee will be refunded if it is determined that the item(s) was received by the PTO.

II. Should applicant desire to supply the omitted item(s) and accept the date that such omitted item(s) was filed in the PTO as the filing date of the above-identified application, a copy of this Notice, the omitted item(s) (with a supplemental oath or declaration in compliance with 37 CFR 1.63 and 1.64 referring to such items), and a petition under 37 CFR 1.182 (with the \$130.00 petition fee (37 CFR 1.17(h))) requesting the later filing date **must** be filed within **TWO MONTHS** of the date of this Notice.

III. The failure to file a petition (and petition fee) under the above options (I) or (II) within **TWO MONTHS** of the date of this Notice (37 CFR 1.181(f)) will be treated as a constructive acceptance by the applicant of the application as deposited in the PTO. **THIS TWO MONTH PERIOD IS NOT EXTENDABLE UNDER 37 CFR 1.136(a) or (b).** In the absence of a timely filed petition in reply to this Notice, the application will maintain a filing date as of the date of deposit of the application papers in the PTO, and original application papers (i.e., the original disclosure of the invention) will include only those application papers present in the PTO on the date of deposit.

In the event that applicant elects not to take action pursuant to options (I) or (II) above (thereby constructively electing option (III)), amendment of the specification to renumber the pages consecutively and cancel incomplete sentences caused by any omitted page(s), and/or amendment of the specification to cancel all references to any omitted drawing(s), relabel the drawing figures to be numbered consecutively (if necessary), and correct the references in the specification to the drawing figures to correspond with any relabelled drawing figures, is required. Any drawing changes should be accompanied by a copy of the drawing

figures showing the proposed changes in red ink. Such amendment and/or correction to the drawing figures, if necessary, should be by way of preliminary amendment submitted prior to the first Office action to avoid delays in the prosecution of the application.

---

*A copy of this notice MUST be returned with the reply.*

  
\_\_\_\_\_  
Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY

Please type a plus sign (+) in this box → ☐

PTO/SB/17 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <b>APR 03 2001</b><br/> <b>RECEIVED</b><br/> <b>PTO</b> </div> <div style="margin-top: 10px;"> <b>FEE TRANSMITTAL</b><br/>         Note: Effective November 10, 1997.<br/>         Patent fees are subject to annual revision.       </div>   |                 | <b>Complete if Known</b>  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
|--|-----------------|---|---------------------|--|-----------------|----------------|-----------------|-----------------|----------|------|-----|-----|----|--|---|-----|----|----------------|-----------------|---|-----------------|-----------------|-----|-----|-----|---------------------------|------------------------|-----|-------|-----|-------|--|-----|-----|------|-----|--------------------------|--|----|-----|--------|---|--------|---|-----|-----|---|--------------------------------|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--------------------------------|--|-----|-------|-----|-----|----------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|-----|-----|----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|---------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---------------------|--|----------|--|--|--|--------------|--------|----------------|----------|-------|---|----|--|------|---|----|--|--|---|-----|--|----------------|-----------------|----------------|-----------------|-----------------|-----|----|-----|---|------------------------|-----|----|-----|----|-----------------------------------|-----|-----|-----|-----|--------------------------|-----|----|-----|----|---|-----|----|-----|---|---|--------------------------------|--|---------------------|--|---------------------------------|--|--|--|----------------------------|--|----------------------------------|--|----------------------------|--|---|--|--|--|
|  |                 | <b>Application Number</b>   | 09/758,828          |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
|  |                 | <b>Filing Date</b>  | January 11, 2001    |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
|  |                 | <b>First Named Inventor</b>   | Paul Luther Skatrud |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
|  |                 | <b>Group Art Unit</b>   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>Examiner Name</b>   |                 |   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>Attorney Docket Number</b>  |                 | X-11766B  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |                 | (\$130.00)  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>METHOD OF PAYMENT (check one)</b>   |                 | <b>FEE CALCULATION (continued)</b>  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number: <b>05-0840</b><br>Deposit Account Name: <b>Eli Lilly and Company</b><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance<br>2. <input type="checkbox"/> Payment Enclosed:<br><br><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                 | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge-late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive-unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive-unintentional</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design Issue Fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant Issue Fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt.</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td></tr> <tr><td colspan="6">Other fee (specify)</td></tr> <tr><td colspan="6">*Reduced by Basic Filing Fee Paid</td></tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td colspan="2">(\$0.00)</td> </tr> <tr> <td colspan="2"> <b>2. CLAIMS</b><br/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extr a</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20**</td> <td>X</td> <td>18</td> <td></td> </tr> <tr> <td>-3**</td> <td>X</td> <td>80</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims (first time)</td> <td>X</td> <td>270</td> <td></td> </tr> </tbody> </table> <br/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> <br/> <b>SUBTOTAL (2)</b> (\$0.00)<br/> <small>**or number previously paid, if greater; For Reissues, see above</small> </td> <td colspan="2"> <b>SUBTOTAL (3)</b> (\$130.00)       </td> </tr> <tr> <td colspan="2"><b>SUBMITTED BY</b></td> <td colspan="2"><b>Complete (if applicable)</b></td> </tr> <tr> <td colspan="2">Typed or Printed Name: <b>Tina M. Tucker</b></td> <td colspan="2">Reg. Number: <b>47,145</b></td> </tr> <tr> <td colspan="2">Signature: <i>Tina M. Tucker</i></td> <td colspan="2">Date: <b>27 March 2001</b></td> </tr> <tr> <td colspan="4" style="text-align: center;"> <b>CERTIFICATE OF MAILING</b><br/>         I hereby certify that this correspondence is being deposited with United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231, on the date appearing below.<br/> <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <i>Linda M. Dunbar</i><br/>           By         </div> <div> <b>March 28, 2001</b><br/>           Date         </div> </div> </td> </tr> </tbody></table> |                     | Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105  | 130 | 205 | 65 | Surcharge-late filing fee or oath      |   | 127 | 50 | 227            | 25              | Surcharge-late provisional filing fee or cover sheet. |                 | 139             | 130 | 139 | 130 | Non-English specification |                        | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |     | 112 | 920* | 112 | 920*                     | Requesting publication of SIR prior to Examiner action |    | 113 | 1,840* | 113   | 1,840* | Requesting publication of SIR after Examiner action |     | 115 | 110   | 215                            | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive-unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive-unintentional |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design Issue Fee |  | 144 | 580 | 244 | 290 | Plant Issue Fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 130 | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt. |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | Other fee (specify) |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBTOTAL (1)</b> |  | (\$0.00) |  | <b>2. CLAIMS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extr a</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20**</td> <td>X</td> <td>18</td> <td></td> </tr> <tr> <td>-3**</td> <td>X</td> <td>80</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims (first time)</td> <td>X</td> <td>270</td> <td></td> </tr> </tbody> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table><br><b>SUBTOTAL (2)</b> (\$0.00)<br><small>**or number previously paid, if greater; For Reissues, see above</small> |  | Total Claims | Extr a | Fee from below | Fee Paid | -20** | X | 18 |  | -3** | X | 80 |  | Multiple Dependent Claims (first time) | X | 270 |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 103 | 18 | 203 | 9 | Claims in excess of 20 | 102 | 80 | 202 | 39 | Independent claims in excess of 3 | 104 | 270 | 204 | 135 | Multiple dependent claim | 109 | 78 | 209 | 39 | Reissue independent claims over original patent | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (3)</b> (\$130.00) |  | <b>SUBMITTED BY</b> |  | <b>Complete (if applicable)</b> |  | Typed or Printed Name: <b>Tina M. Tucker</b> |  | Reg. Number: <b>47,145</b> |  | Signature: <i>Tina M. Tucker</i> |  | Date: <b>27 March 2001</b> |  | <b>CERTIFICATE OF MAILING</b><br>I hereby certify that this correspondence is being deposited with United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231, on the date appearing below.<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div> <i>Linda M. Dunbar</i><br/>           By         </div> <div> <b>March 28, 2001</b><br/>           Date         </div> </div> |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)     | Fee Description  | Fee Paid        |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 105  | 130             | 205   | 65                  | Surcharge-late filing fee or oath  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 127  | 50              | 227   | 25                  | Surcharge-late provisional filing fee or cover sheet.                      |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 139  | 130             | 139   | 130                 | Non-English specification  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 147  | 2,520           | 147   | 2,520               | For filing a request for reexamination                                     |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 112  | 920*            | 112   | 920*                | Requesting publication of SIR prior to Examiner action                     |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 113  | 1,840*          | 113   | 1,840*              | Requesting publication of SIR after Examiner action                        |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 115  | 110             | 215   | 55                  | Extension for reply within first month                                     |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 116  | 390             | 216   | 195                 | Extension for reply within second month                                    |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 117  | 890             | 217   | 445                 | Extension for reply within third month                                     |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 118  | 1,390           | 218   | 695                 | Extension for reply within fourth month                                    |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 128  | 1,890           | 228   | 945                 | Extension for reply within fifth month                                     |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 119  | 310             | 219   | 155                 | Notice of Appeal   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 120  | 310             | 220   | 155                 | Filing a brief in support of an appeal                                     |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 121  | 270             | 221   | 135                 | Request for oral hearing   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 138  | 1,510           | 138   | 1,510               | Petition to institute a public use proceeding                              |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 140  | 110             | 240   | 55                  | Petition to revive-unavoidable   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 141  | 1,240           | 241   | 620                 | Petition to revive-unintentional   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 142  | 1,210           | 242   | 605                 | Utility issue fee (or reissue)   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 143  | 430             | 243   | 215                 | Design Issue Fee   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 144  | 580             | 244   | 290                 | Plant Issue Fee  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 122  | 130             | 122   | 130                 | Petitions to the Commissioner  | 130             |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 123  | 50              | 123   | 50                  | Petitions related to provisional applications                              |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 126  | 240             | 126   | 240                 | Submission of Information Disclosure Stmt.                                 |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 581  | 40              | 581   | 40                  | Recording each patent assignment per property (times number of properties) |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 146  | 710             | 246   | 355                 | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 149  | 710             | 249   | 355                 | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 179  | 710             | 279   | 355                 | Request for Continued Examination (RCE)                                    |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 169  | 900             | 169   | 900                 | Request for expedited examination of a design application                  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| Other fee (specify)  |                 |   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| Other fee (specify)  |                 |   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| *Reduced by Basic Filing Fee Paid  |                 |   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>SUBTOTAL (1)</b>  |                 | (\$0.00)  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>2. CLAIMS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extr a</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20**</td> <td>X</td> <td>18</td> <td></td> </tr> <tr> <td>-3**</td> <td>X</td> <td>80</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims (first time)</td> <td>X</td> <td>270</td> <td></td> </tr> </tbody> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table><br><b>SUBTOTAL (2)</b> (\$0.00)<br><small>**or number previously paid, if greater; For Reissues, see above</small> |                 | Total Claims  | Extr a              | Fee from below   | Fee Paid        | -20**          | X               | 18              |          | -3** | X   | 80  |    | Multiple Dependent Claims (first time) | X | 270 |    | Large Fee Code | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$) | Fee Description | 103 | 18  | 203 | 9                         | Claims in excess of 20 | 102 | 80    | 202 | 39    | Independent claims in excess of 3      | 104 | 270 | 204  | 135 | Multiple dependent claim | 109  | 78 | 209 | 39     | Reissue independent claims over original patent | 110    | 18  | 210 | 9   | Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (3)</b> (\$130.00) |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| Total Claims   | Extr a          | Fee from below  | Fee Paid            |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| -20**  | X               | 18  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| -3**   | X               | 80  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| Multiple Dependent Claims (first time)   | X               | 270   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)     | Fee Description  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 103  | 18              | 203   | 9                   | Claims in excess of 20   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 102  | 80              | 202   | 39                  | Independent claims in excess of 3  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 104  | 270             | 204   | 135                 | Multiple dependent claim   |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 109  | 78              | 209   | 39                  | Reissue independent claims over original patent                            |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| 110  | 18              | 210   | 9                   | Reissue claims in excess of 20 and over original patent                    |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>SUBMITTED BY</b>  |                 | <b>Complete (if applicable)</b>   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| Typed or Printed Name: <b>Tina M. Tucker</b>   |                 | Reg. Number: <b>47,145</b>  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| Signature: <i>Tina M. Tucker</i>   |                 | Date: <b>27 March 2001</b>  |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |
| <b>CERTIFICATE OF MAILING</b><br>I hereby certify that this correspondence is being deposited with United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231, on the date appearing below.<br><div style="display: flex; justify-content: space-between; align-items: center;"> <div> <i>Linda M. Dunbar</i><br/>           By         </div> <div> <b>March 28, 2001</b><br/>           Date         </div> </div>  |                 |   |                     |  |                 |                |                 |                 |          |      |     |     |    |  |   |     |    |                |                 |   |                 |                 |     |     |     |                           |                        |     |       |     |       |  |     |     |      |     |                          |  |    |     |        |   |        |   |     |     |   |                                |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                |  |     |       |     |     |                                  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |     |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |          |  |  |  |              |        |                |          |       |   |    |  |      |   |    |  |  |   |     |  |                |                 |                |                 |                 |     |    |     |   |                        |     |    |     |    |                                   |     |     |     |     |                          |     |    |     |    |   |     |    |     |   |   |                                |  |                     |  |                                 |  |  |  |                            |  |                                  |  |                            |  |   |  |  |  |